

Name in Full *Mr. Lizzie Anderson*

CERTIFICATE OF DEATH

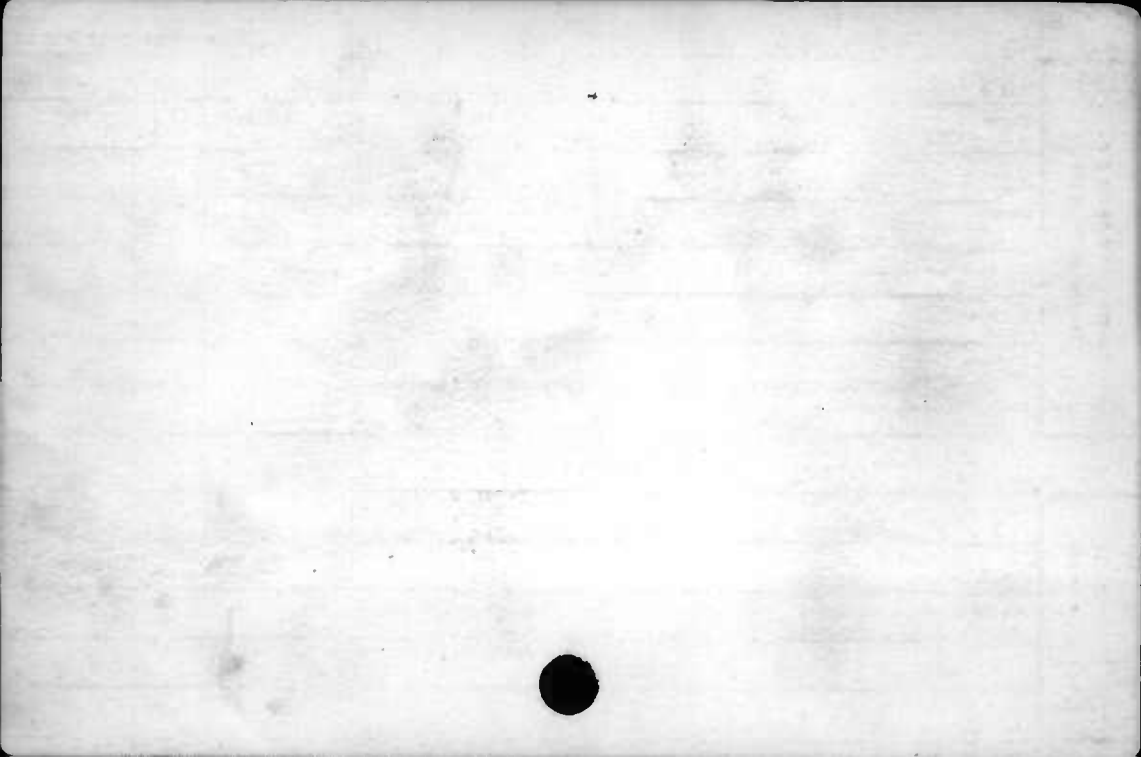
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Denton</i>		County <i>Caroline</i>		MARYLAND	
Date of death	1906	Month	Feb	Day	6
Age		29		Years	—
Sex		Female		Color or Race	White
Occupation		Housewife		Birth-place	Nel
Where Residing if not at place of death		Same			
Married, Single or Widowed	Married	Name of Wife or Husband	<i>Wm. Anderson</i>		
Father's Name	<i>Geo. R. Emory</i>			Father's Birthplace	Nel
Mother's Maiden Name	<i>Sarah J. Emory</i>			Mother's Birthplace	Nel
Name of person giving information	<i>Albert Weidman</i>			How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>		How long	<i>One year</i>
Immediate	<i>Same</i>		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		
Signature of Physician		<i>P. R. Fisher</i>		
Address		<i>Denton</i>		
Accident or Suicide?		<i>—</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

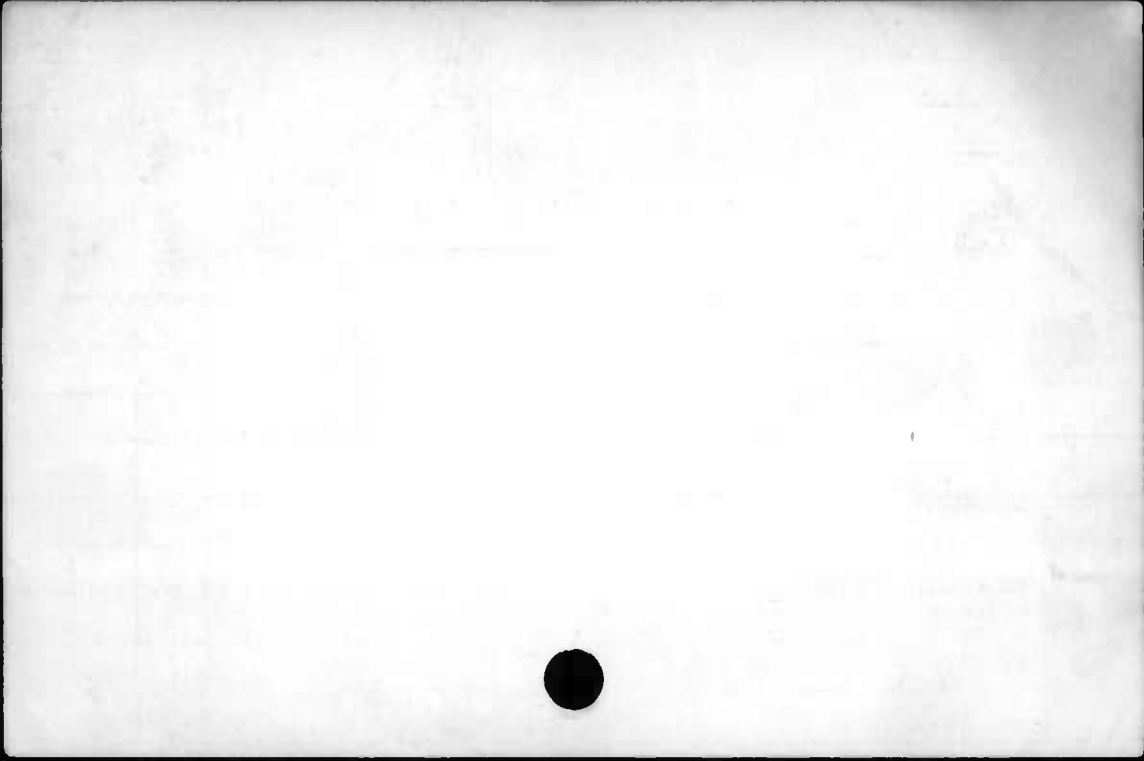
MARYLAND

Died at <i>Bowling Green</i>		Town <i>Bowling Green</i>		County <i>Carroll</i>	
Date of death <i>1906</i>	Month <i>2</i>	Day <i>12</i>	Age	Years	Months <i>One</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Mo</i>		Days
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>German Torght</i>		Father's Birthplace <i>Mo</i>			
Mother's Maiden Name <i>Thora Dean</i>		Mother's Birthplace <i>Mo</i>			
Name of person giving Information <i>Mrs Torght</i>		<i>92</i>		How related to deceased <i>mother</i>	

CAUSES OF DEATH

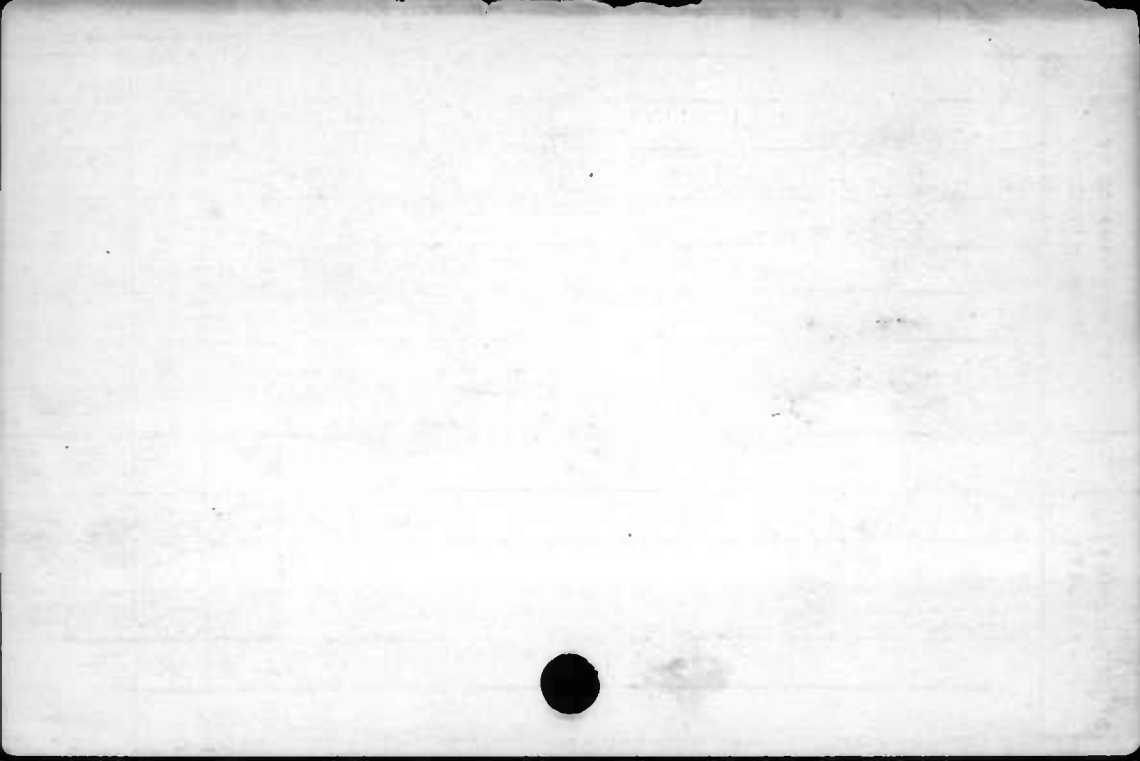
PHYSICIAN
OR CORONER

Primary <i>Broncho Pneumonia</i>	How long <i>48 hours</i>
Immediate <i>Do</i>	How long <i>Do</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Raymond Baker</i>
	Address <i>Presiden</i>
Accident or Suicide?	



TO BE ANSWERED BY NEAREST FRIEND	Name in Full <i>Har E Jones</i>				CERTIFICATE OF DEATH	
	Died at <i>Breulon</i> Town			<i>Caroline</i> County		MARYLAND
	Date of death <i>1906</i>	Month <i>2</i>	Day <i>11</i>	Age <i>67</i>	Months	Days
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>N.Y.</i>		
	Occupation <i>Barber</i>			Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband <i>Led Jones</i>			
	Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased		

		CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	<i>Bright's Disease</i>	<i>120</i>	How long	
	Immediate	<i>Heart</i>	<i>Portion</i>	How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. Nichols MD</i>		
			Address <i>Breulon Md</i>		
	Accident or Suicide?				



Name
in
Full

Sarah A Park

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Denton ^{Town} Caroline ^{County} MARYLAND

Date of death 1906 ^{Month} Feb ^{Day} 26 ^{Years} 57 ^{Months} — ^{Days} —

Sex Female Color or Race White Birth-place MD

Occupation Housewife Where Residing if not at place of death Denton

Married, Single or Widowed Married Name of Wife or Husband Elisah Park

Father's Name John R. Riggs Father's Birthplace MD

Mother's Maiden Name Sarah A. Wright Mother's Birthplace MD

Name of person giving information Nannie Wright How related to deceased Nephew

CAUSES OF DEATH

Primary Apoplexy (64) How long Two hours

Immediate same How long —

Are the name, age, sex, color, date and place correctly given above?

Yes

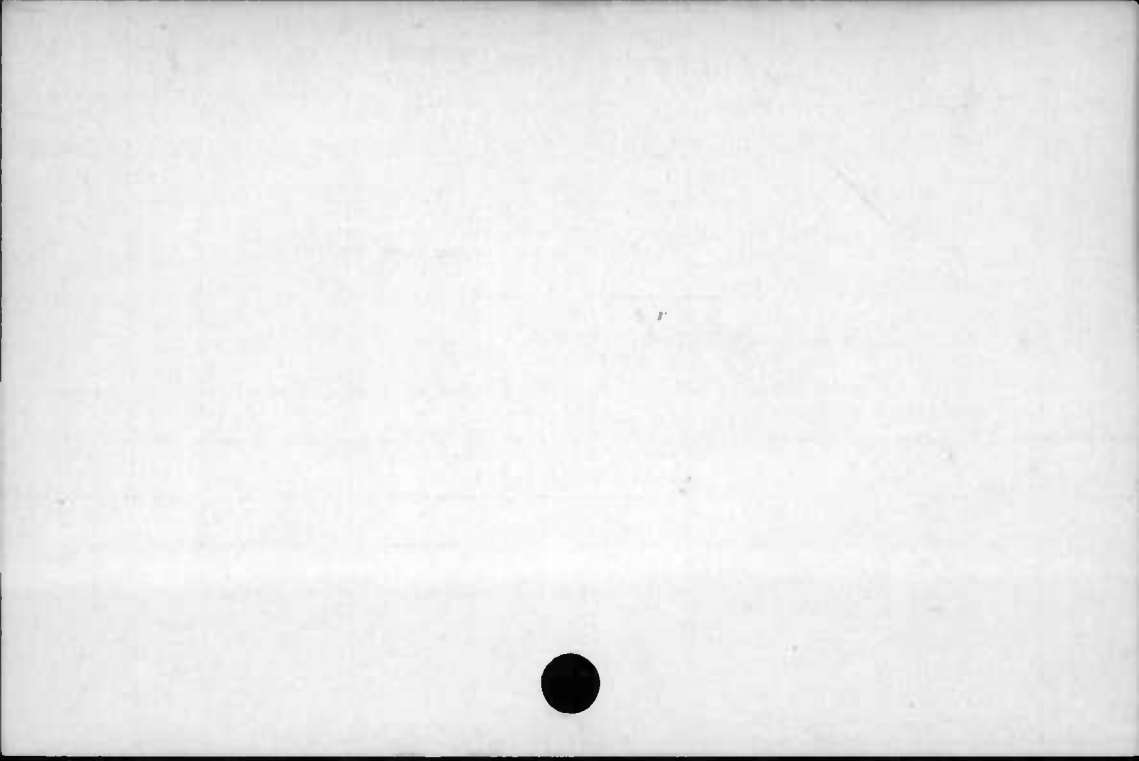
Signature of Physician

P. R. Fisher

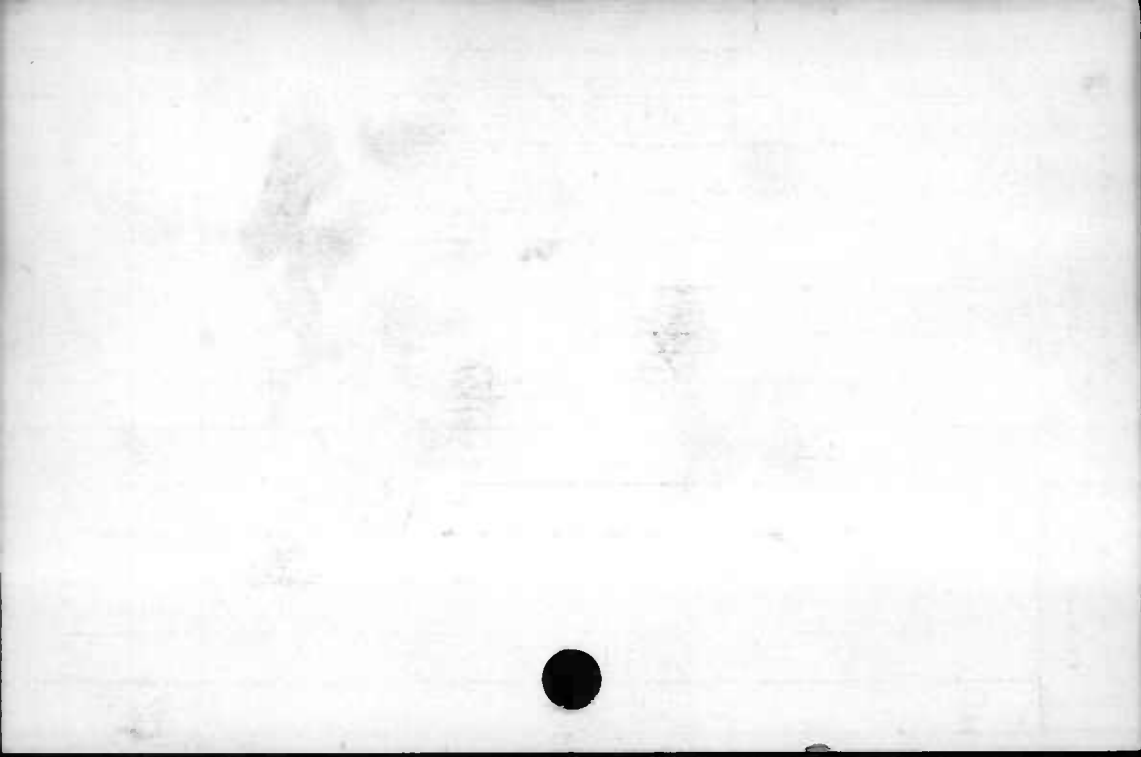
Address

Denton

Accident or Suicide?



Name in Full		Mary Ann Webb				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Grover		County Caroline		MARYLAND	
	Date of death	1906	Month Feb	Day 1	Age 81	Months —	Days —
	Sex	Female		Color or Race	Colored		Birthplace Maryland
	Occupation	Housewife		Where Residing if not at place of death		For Maryland	
	Married, Single or Widowed	Married		Name of Wife or Husband		James Webb	
	Father's Name	Dad Snou				Father's Birthplace	—
	Mother's Maiden Name	Dad Snou				Mother's Birthplace	—
Name of person giving information	James Webb				How related to deceased	Husband	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Stably from age				How long	—
	Immediate	Heart failure				How long	—
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	J. L. Noble M.D.	
					Address	Preston Maryland	
Accident or Suicide?							



Name
in
Full

Carrie L. Weber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Denton</i>		Town		<i>Caroline</i>		County		MARYLAND	
Date of death <i>1906</i>		Month <i>2</i>		Day <i>17</i>		Age <i>37</i>		Years	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place		Months		Days	
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>James J. Weber</i>					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name						Father's Birthplace			
Mother's Maiden Name						Mother's Birthplace			
Name of person giving information						How related to deceased			

CAUSES OF DEATH

Primary <i>Tuberculosis of Lungs</i>		How long	
Immediate <i>Heart Failure</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. N. McElroy M.D.</i>	
		Address <i>Denton Md</i>	
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Junior Ridgeley</i>		County <i>Caroline</i>		MARYLAND
	Date of death <i>1906</i>	Month <i>Februry</i>	Day <i>4</i>	Years <i>25</i>	Months <i>1</i> Days <i>13</i>
	Sex <i>Female</i>	Color or Race <i> Negro</i>		Birth-place <i>Maryland</i>	
	Occupation <i>Housework</i>		Where Residing if not at place of death		
	Married Single or Widowed	Name of Wife or Husband <i>David E. Wright.</i>			
	Father's Name <i>Chas. E. Butler</i>	Father's Birthplace <i>Id.</i>			
	Mother's Maiden Name <i>Charlotte A. Butler.</i>	Mother's Birthplace <i>Id.</i>			
	Name of person giving information <i>Chas. E. Butler</i>	How related to deceased <i>Father.</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Pulmonary Tuberculosis</i>		How long <i>one year</i>		
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. S. Stone</i>		
			Address <i>Ridgeley</i>		
	Accident or Suicide?		<i>land.</i>		



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Denton</i>		Town <i>Caroline</i>		County	
Date of death	1906	Month	2	Day	28
Sex <i>Female</i>		Color or Race <i>Black</i>		Age <i>70</i>	
Occupation <i>Housework</i>		Where Residing If not at place of death		Birth-place	
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace	
Father's Name		Mother's Maiden Name		Mother's Birthplace	
Name of person giving information		How related to deceased			

CAUSES OF DEATH

Primary <i>Pneumonia</i>	How long
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. N. McIlrath M.D.</i>
	Address <i>Denton</i>
Accident or Suicide?	

